							PTO/SB/17 (07-0	
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			Complete if Known					
				Application Nun	nber 09/	09/660,785		
FEE TRANSMITTAL			Filing Date	Se	September 13, 2000			
For FY 2006			First Named Inv	ventor Ha	Hansen, Benjamin E.			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name) Ov	Ovidio Escalante			
	$\overline{}$. 000 07 0	A IX 1.27	Art Unit	261	14		
TOTAL AMOUNT OF PA	YMENT (\$) 1,400		Attorney Docker	t No. 020	366-069210U	S	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
✓ under 37 CFR 1.16 and 1.17 ✓ Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEAF								
		G FEES nall Entity		RCH FEES Small Entity		NATION FEES Small Entity		
Application Type		Fee (\$)		(\$) Fee (\$)		Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	C	0	0	0		
2. EXCESS CLAIM FEE	s						Small Entity	
Fee Description Fee (\$)							Fee (\$)	
Each claim over 20 (ir						50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent cla						360	180	
Total Claims	Extra Clai	ms j	Fee (\$) Fe	Paid (\$)		Multiple De	pendent Claims	
-20 or HP =		_ × _				Fee (\$)	Fee Paid (\$)	
HP = highest number of total clai Indep. Claims	ms paid for, I Extra Clai			Paid (\$)				
	Exua Ciai		= 100	Faiu (\$)				
HP = highest number of independ			ater than 3					
3. APPLICATION SIZE F	EE							
If the specification and o	drawings	exceed 10	0 sheets of par	er (excluding e	lectronical	v filed sequen	ce or computer	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other Issue Fee: 1,400						1,400		
and the second second second								

SUBMITTED BY								
Signature	/William J. Daley/	Registration No. (Attorney/Agent) 52,471	Telephone 303-571-4000					
Name (Print/Type)	William J. Daley		Date June 14, 2007					